

~~CONFIDENTIAL~~
(When Filled In)

(b)(3)

RESIDENCE AND DEPENDENCY REPORT				
INSTRUCTIONS: Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.				
1. NAME OF EMPLOYEE (Last) <i>Sudmeier</i> (First) <i>Elizabeth</i> (Middle) <i>(NAME)</i>				
2. RESIDENCE DATA				
PLACE OF RESIDENCE WHEN APPOINTED <i>Washington, D.C.</i>		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)		
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE <i>Minneapolis, Minnesota</i>				
3. MARITAL STATUS				
☒ SINGLE	PLACE OF MARRIAGE		DATE OF MARRIAGE	
☐ MARRIED				
☐ DIVORCED	PLACE OF DIVORCE DECREE		DATE OF DIVORCE DECREE	
☐ WIDOWED	PLACE SPOUSE DIED		DATE SPOUSE DIED	
4. MEMBERS OF FAMILY				
NAME OF SPOUSE		ADDRESS (Number) (Street) (City) (State)		TELEPHONE
NAMES OF CHILDREN		ADDRESS (Number) (Street) (City) (State)		SEX AGE
NAME OF FATHER (or male guardian) <i>B.H. Sudmeier</i>		ADDRESS (Number) (Street) (City) (State) <i>3217 Pacesent Ave, So. Minneapolis, Minn</i>		TELEPHONE <i>PL 5498</i>
NAME OF MOTHER (or female guardian) <i>Josephine Ethel Sudmeier</i>		ADDRESS (Number) (Street) (City) (State) <i>3217 Pacesent Ave So. Minneapolis Minn</i>		TELEPHONE <i>PL 5498</i>
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
TION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."				
VOLUNTARY ENTRIES				
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.				
6. FULL NAME OF COMPANY <i>GEHA - (NATURAL BOND TRUST)</i>		ADDRESS OF HOME OFFICE		POLICY NO.
7. I HAVE COMPLETED THE FOLLOWING: WILL ☐ YES ☒ NO POWER OF ATTORNEY ☐ YES ☒ NO				
8. REMARKS:				
<i>I have no bank accounts unknown to my family (parents). Persons named in para 4 should not be notified in case of emergency.</i>				
SIGNED AT <i>CPB/Personnel</i>		DATE <i>24 April 1956</i>		SIGNATURE <i>Elizabeth Sudmeier</i>

FORM NO. 61 REPLACES FORM 37-79
1 JUL 54 WHICH MAY BE USED.

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